The Canadian Nurse

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THE NATIONAL CONFERENCE OF SOCIAL WORK

During the second week of June a notable event took place in Montreal when this city was the meeting place of the National Conference of Social Work, an American organization which links up an extraordinary diversity and range of social agencies. In addition to the sections of the conference itself, no less than forty-seven separate and distinct organizations held their own meetings, as well as taking part in the general sessions. Four hundred and eighty speakers were listed in the official programme, and this spate of oratory does not include the many who put in a word without being unduly pressed. Six thousand persons attended, most of whom are actively associated with social work in some capacity or other: an impressive demonstration in itself of the growing importance of social work as a factor in community life.

Since the conference is primarily an American enterprise the American influence was naturally predominant. The wife of the President of the United States of America was an honoured guest at a dinner when the principal speaker was Mr. Harry L. Hopkins, administrator of the Federal Emergency Administration which is engaged in the stupendous task of social reconstruction now in progress in that country. One of the most vivid of the speakers who addressed the huge mass meetings was Miss Frances Perkins, Secretary of Labour for the United States; for many of those attending the conference its climax was reached in the moving and eloquent address given by Mary van Kleek, director of the division of industrial studies of the Russell Sage Foundation.

A characteristic feature of the conference was the overwhelming preponderance of women. Though social work, like nursing, is still to some extent the province of women, signs are not wanting that the balance is being redressed, since of the many speakers, more than half were men.

Some Trends

It would be impossible here to do more than indicate general trends. At the mass meetings, the central topic was the present social and economic crisis and the measures which are being or must be taken to cope with it. In the section meetings, considerable emphasis was laid upon social case work and it was refreshing to find that there was a spirit of questioning abroad which mitigated the smugness which at one time seemed to characterize the discussions of this particular group. The chastening influence of the depression has worked wonders here just as it has in other professional groups a little nearer home.

It was exasperating not to be capable of being in two or three places at one time, for the sessions of any one of the associated groups might profitably have employed one's whole attention. This statement particularly applies to the sessions of the American Association of Medical Social Workers. A very fine contribution was made to the deliberations of this group by Miss Cherry Morris, the Lady Almoner of St. Thomas's Hospital, London, in an address which dealt (from the English point of view) with medical social work in a changing world.

We did manage to attend one of the lively meetings of the rank and file group, membership in which is confined to workers below the rank of supervisor. The topic under discussion was the realistic approach to case work and it was quite evident that neither the speakers nor the audience cherished many comforting illusions.

Political Aspects

One could not help being impressed by the evidence, apparent on all sides, that social workers in the United States, exercise considerable influence on governmental activities and policies and as an organized group must now be recognized as a new political force. There was a subtle suggestion of conscious power in the bearing of most of the leaders. Perhaps the poor gentleman who said: "The United States is now governed by social workers, *women at that,*" was not so very far wrong.

Another comparatively new development was the visible impact of the social services directed by governmental authority upon those conducted under the control of private organizations. The leaders of the first named group seemed either to be on the defensive or else a little too aggressively sure of themselves. Either attitude seems to indicate that they are as yet a little uncertain of their position in the general scheme of things.

Comparisons

Inevitably one is tempted to compare the present status of social work with that of nursing. At the moment some of us who work with social workers have developed a slight inferiority complex, but whether we like it or not, we have got to learn to adjust ourselves, and the sooner we do it the better. More of our best women should be encouraged to qualify themselves as social workers; we could then look to them to act as interpreters. After all, we have much in common: we are both striving to attain professional status; we are both trying to build up reasonably strong professional schools; we have both grown much too fast in point of numbers for our own good. But there are stronger bonds than these: we are both dedicated to the task of helping to make a new and better world for men, women and children to live in. Let us join hands and get on with it.

THE ANNUAL MEETING IN P.E.I.

HATTIE MacLAINE, Secretary, Registered Nurses Association of Prince Edward Island.

The annual meeting of the Registered Nurses Association of Prince Edward Island was held on June 11 in the new Prince Edward Island Hospital in Charlottetown. In her presidential address, Miss Mair gave a review of the year's work, making special mention of the studies being carried on by the private duty section, and of the work of the committee in charge of school inspectorship. Interesting reports were submitted by the registrar, the secretary, the joint study committee, the Nightingale Memorial, and Red Cross enrolment. Two excellent addresses were features of the afternoon meeting, one on preventive dentistry given by Dr. H. Thomson, field secretary of the Dental Hygiene Council of Canada, and one entitled "Our Association and what it means to me" by Mrs. Percy Proude of Charlottetown.

The result of the election of officers is as follows: President, Miss Anna Mair (re-elected); vice-president, Mrs. Percy Proude, Charlottetown; secretary, Miss Hattie MacLaine, P.E.I. Hospital; treasurer-registrar, Miss Linnie Platts, P.E.I. Hospital; chairman of public health section, Miss Ina Gillan, Kent Manor, Charlottetown; chairman of private duty section, Miss Millie Gamble, Ambrose St., Charlottetown; chairman of nursing education section, Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. The annual dinner was well attended, and solos rendered by Mrs. N. D. MacLean (Eva Murdock, P.E.I. Hospital 1923), in her usual charming manner added greatly to our pleasure.

NURSING SERVICE FOR THE COMMUNITY

HARVEY AGNEW, M.D., Secretary, Department of Hospital Service, Canadian Medical Association.

It is my responsibility to discuss the subject of meeting the community's need for nursing service from the viewpoint of the medical profession. In so doing I find that one's approach is similar to that of an approach from the viewpoint of the patient, for actually the doctor's viewpoint is primarily that of service for the patient. His concern is mainly that his patients get the nursing service which they need. There is some difference however: the public at large is not interested in *how* the nursing service is provided, as long as it *is* provided, while the medical profession is vitally concerned with the method or technique, the *modus operandi*, of providing this service. It is of vital concern to the doctor that the nursing forces in his community be prepared technically, as well as sociologically and economically, to meet the varied needs of the sick.

Hospital Nursing

Let us then ask "do the nursing facilities of my (or your) community meet the needs of the practising doctor and his patients?" First of all let us consider hospital practice. Here the doctor is anxious that it be both adequate and competent. In these days when practically every community has a hospital or, thanks to good roads and cars, one is less than an hour away, people are going to hospitals more than ever before and most of our serious illnesses and much of our obstetrics are cared for in these institutions. This means that our hospitals must provide a well organized and disciplined nursing staff with highly efficient supervision—particularly in the operating room and the case room. From a wide knowledge of conditions from coast to coast I feel that in the vast majority of our hospitals such is provided. Also there should be available for every hospital special nurses who are capable of nursing the unusual and serious cases; outside of larger centres, such are not always available.

A real problem in some hospitals, particularly those small ones with training schools, is the danger of "inbreeding." By inbreeding I mean a practice, common in many hospitals, of filling all vacancies with graduates of their own school. Of course it is commendable to recognize the ability of one's own graduates and the hospital may feel under some obligation to find work for those who are perhaps daughters of its most loyal supporters, but there is a distinct advantage in having some of the nursing appointments filled by outside graduates with new methods and stimulating ideas. Naturally it is easier to manage a nursing service where everybody does everything as it was done when nurses wore bustles, but that does not spell progress. Local pride and prejudice should never be allowed to bar a hospital from choosing the logical applicant merely because she comes from another town or training school.

Costs of Hospital Nursing

In hospital circles there is much discussion of the relative costs of graduate versus training school nursing. It would seem that the haphazard setting up of training schools is over—or should be over—for now, with higher educational standards, the training school no longer provides a cheap form of nursing service and in many hospitals actually costs more to operate than would a graduate staff. Certain small training schools serve a distinct purpose, but it is a healthy sign that, in the last eleven years, some twenty-eight of these schools in this province have been closed and the opening of five others discouraged. Whether or not the government will assume the major por-

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An address delivered at the annual meeting of the Registered Nurses Association of Ontario, April 26, 1935.

tion of the cost of nursing education as in the case of other professions remains to be seen.

It would seem also that we have made little progress in solving the economic problem created by the special nurse. In some of the larger hospitals it is almost imperative to have special nurses if the patient be really sick. Of course hospitals must balance their budgets and cannot be expected to supply unlimited nursing on demand, but it would seem that all but the most difficult nursing should be included in the ordinary charges. Naturally this would raise room charges, particularly if certain other extras were included, but our present arrangement is like the old way of buying a car with bumper, spare tires and visor, extra.

Nursing in the Home

It is the opinion of many medical practitioners that nursing in the home is much more difficult than in a hospital. It is one thing to work with complete equipment and quite another to be required to improvise practically everything used—to sterilize dressings in the oven or to use the family enema tube for a Murphy drip. I was greatly thrilled last autumn at the nurses' convention in Alberta to hear a provincial outpost nurse in a new pioneer settlement in the foothills a hundred miles or two west of Wetaskawin, tell of her ministrations in that rough district—of using cans stuffed with boiled potatoes for hot water bottles, of leaving spring clothespins to be boiled for handling sterile dressings.

And not only must the nurse improvise but hers is a much greater responsibility between the doctor's visits, particularly in rural areas, for there are no ward supervisors, no interns and perhaps no friendly telephone. Also she is at the mercy of endless relatives and is under the constant observation and perhaps criticism of the entire household.

Why do so many private duty nurses specify hospital work only, or did until the depression came? Why do so many decline to go to the country, or accept only certain types of cases? Why can hourly nursing not be obtained in more communities? Is there some gap in the training? Have we concentrated too much upon the academic viewpoint and the institutional atmosphere and not enough upon the thought of community service and community needs?

Services Required

One is constantly impressed with the need for a greater range, a greater flexibility, of the nursing service in a community. How can the doctor or the patient get just the right type of nursing service required? Hospital and commercial registries seldom list other than registered nurses and in most instances only a portion of these. The proposed community bureaux of nursing sponsored by the Registered Nurses Association of Ontario, would fill a real need. It is sincerely hoped that the provincial funds requested will be forthcoming to permit their development.

The less skilled type of nurses, nursemaids and housekeepers fill a distinct need in many homes and must be recognized. The practical nurse will always be with us, particularly as higher standards of nursing will tend to concentrate the attention of the graduate nurse upon more specialized duties. In many localities most of the home confinements are nursed by practical nurses, many of whom are very competent, and most doctors in general practice have a list of practical nurses—I recall that I had one. At present these are unregistered and unlicensed; their training, if any, is often of doubtful quality and the vociferous protestations of some concerning their nursing ability is usually in inverse ratio to their actual skill and knowledge. The registration of all who nurse for hire has been recommended by the inter-relations committee of the Ontario Medical

Association. It would seem, too, that all of the various groups providing any kind of service to the sick should be more closely allied. We all have had a tendency to look upon any overlapping here and there not as co-operation but as encroachment.

The Public Health Nurse

How does the public health nurse fit in? A product of this generation she would seem destined to play a vital rôle in the care of the community health. Obviously she can be of tremendous assistance to the family doctor and as time goes on the great value of her service to the public will become more and more apparent. Linked with this public health work is the Red Cross nurse and the Victorian Order nurse. None can estimate the value of these services—of their educational work, their follow-up work, prenatal and postnatal check-ups, baby clinics, their parent group classes and their nutrition classes. The public health nurse is doing a great deal to reduce maternal mortality— that untold tragedy to the home and economic and social loss to the nation.

The advent of the public health nurse, however, has introduced a new factor into the patient-physician relationship. Her interest and responsibility in the case may not be suspected by the family doctor. Her approach may be through the school, through a public clinic or through the local health department where the medical advice may differ somewhat from his own. Moreover the family doctor often does not know her personally, thus making close understanding more difficult. For these reasons it is of the utmost importance that we strive to gain still greater understanding. It would be better if public health nurses could make personal contact with the family doctor whenever possible—messages transmitted through the parents are often distorted. Doctors must realize too that the public health nurse supplies a service to the family which he cannot give or is too busy to give, although it must be kept in mind that the close relationship between family physician and patient has been a sacred tradition for so long that any third party brought into the picture faces a psychological handicap and can only attain the confidence which ultimately will be hers by consummate tact and diplomacy.

It is encouraging to note the progress made by our public health nurses in filling in some of the gaps in our health service, gaps which are still all too frequent in most communities. The proposal of the chairman of the Public Health Nursing Section of the Canadian Nurses Association for surveys of community health needs in nursing is very commendable and one hopes that it will be widely acted upon.

Economic Aspects

It is doubtful if the ideal nursing service can be fully achieved under our present system. There may be several reasons for this, but perhaps the greatest present handicap is an economic one. It is of but little value for a complete nursing service to be available when only a portion of the public is able to utilize it. Moreover at the present time one community may have an ideal private and public health nursing setup, but another community through lack of municipal or social leadership or for economic reasons may be overlooked. It is doubtful, too, if a provincial registration of all nursing for hire, as recommended in the *Survey*, could be enforced except under some plan requiring registration for payment.

There is much talk these days of health insurance. The old bugaboo of state medicine would seem dead, or dormant at least, but there does seem to be a definite trend towards health insurance, probably on a compulsory basis. We do have a number of voluntary plans now and more are being formed; some provide group hospitalization, some medical care; one in Calgary for an annual subscription provides free nursing care when needed. These, however, serve local areas only. In any widespread general plan of health insurance it would seem desirable that nursing care be included. This should cover hourly nursing at home or continuous nursing if necessary. This association and the Canadian Nurses Association are already studying the place of nursing in health insurance and it is interesting to note that the inter-relations committee of the Ontario Medical Association, in the formulation of its plan for health insurance is recommending to the Council of that body that both hospital and home nursing be provided, the latter to be by visiting nurses or by continuous nursing to be supplied by graduates, or by qualified nursing housekeepers depending upon the type of service required.

Job Analysis

In conclusion, may I make another suggestion. Many industries make job-analyses of the responsibilities of their personnel; there should be a job-analysis, or a function analysis, of the responsibilities of the nursing profession—not of the nurses as individuals but of the broad profession as a whole, covering both trained and untrained workers. The marvellous study of nursing education, conducted by Dr. Weir under the auspices of the Joint Study Committee several years ago, covered education thoroughly and delved to a considerable extent into the economic aspects of nursing service, but we need a continued study of the community's nursing needs and the developments required to effectually meet them. The work of the committee of the R.N.A.O., appointed to study community nursing bureaux is a long step in this direction.

In this service analysis we should ask: what is, or should be the function of the nursing profession? What are the nursing needs of the community? To what extent are we now meeting those needs? What remains to be done? How can it be best done and by whom? How can this work be financed and how and where can the properly qualified personnel be obtained? Such an analysis, made by the nursing profession with the assistance perhaps of the medical and other interested professions and of the public health authorities, would further the improvement and completion of a nursing service of which right now, despite certain shortcomings, we are very proud.

REGISTRAR AND SCHOOL INSPECTOR

Applications for the dual position of Registrar and School Inspector will be received by the undersigned up to, and including, September 7th, 1935. State qualifications, salary, etc.

Miss EDITH AMAS, *President*,
Saskatchewan Registered Nurses Association,
Saskatoon City Hospital, Saskatoon, Sask.

Institute of Public Health
Faculty of Public Health o
University of Western Ont
LONDON : CANADA

OUR HONOUR ROLL

In the July issue of the *Journal* brief reference was made to the award, upon the occasion of the King's birthday, of the title of Officer of the Order of the British Empire to two distinguished Canadian nurses, Miss Mary Ellen Birtles and Miss S. Emily Maxwell. At the same time the title of Member of the Order was bestowed upon Miss Euphemia Luella Denton and Miss Mona Wilson regarding whom more detailed comment will be made in a later issue.

A group picture of the Nursing Staff of the Brandon General Hospital, taken in the 'Nineties. The Superintendent, Miss McVicar, is dressed in black; Miss Birtles is seated opposite to her.

Mary Ellen Birtles

In Western Canada one of the most outstanding of our pioneer nurses is Mary Ellen Birtles. An Englishwoman by birth, she qualified as a teacher, but in 1886 began a course in nursing in the Winnipeg General Hospital. At that time the course lasted two years, but characteristically enough, Miss Birtles remained for an additional year in order to round out her experience in obstetrical nursing; after graduation she was appointed almost immediately as nurse-in-charge of a hospital in Fargo, North Dakota. In 1890 she took charge of a hospital in Medicine Hat, Alberta, and in 1892 became assistant to Miss McVicar (also a graduate of the Winnipeg General Hospital), who was the first superintendent of the Brandon General Hospital. In 1894 Miss Birtles took charge of the Calgary General Hospital and in September, 1898, returned to the Brandon General Hospital as superintendent. She served in that capacity for twenty-one years until her retirement in 1919, since when she has found time to indulge her taste for music and for gardening. She is a charter member of the Manitoba Association of Registered Nurses and has always been a staunch supporter of all progressive nursing activities. To Miss Birtles belongs the honour of graduating on July 26, 1898, the first professional nurse trained in central Alberta in the person of Miss Marion Moodie, now resident in Montreal.

The honour conferred on Miss Birtles has been a source of pride and pleasure to the School of Nursing of which she is a graduate and to the School of the Brandon General Hospital to which she devoted the most active years of her professional career. Miss Christine Macleod, the present superintendent of the Brandon General Hospital says of her: "She was forgetful of herself and sought only to place nursing itself in a place of honour." No higher tribute could be paid to an able leader and a good woman.

S. Emily Maxwell

The congratulations and good wishes of her professional associates were showered upon Miss Maxwell when, as a guest of honour, she attended the dinner recently tendered to the graduating class of the School of Nursing of the Ottawa Civic Hospital. Miss Maxwell is supervisor of the nurses' residence in that institute, and the affection in which she is held was shown by the presentation on behalf of the hospital staff of an Italian cameo; the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital presented her with a silver toilet set.

Miss Maxwell is a native of Richmond, Ontario, and is a graduate of the School of St. Luke's Hospital, Ottawa. In 1910 she was appointed superintendent of nurses in that institution, a position which she held until, in 1924, she accepted the position she now fills with such success.

KEEP THE LAMP BURNING

Canadian nurses have a right to be proud of the fine record they have established in connection with the support of the Nightingale Memorial Foundation. As the years go by, the nurses successively awarded the scholarships offered by the Canadian Nurses Association will be able to interpret to us all the deep significance of this international enterprise. A lamp has been lighted; keep it burning.

The following additional subscriptions to the Fund have been received:

British Columbia

Nursing Staff, Shaughnessy Military Hospital	$ 8.00
Nursing Undergraduate Society, University of British Columbia	8.50
Prince Rupert General Hospital	12.00

Manitoba

Student Nurses, St. Joseph's Hospital, Winnipeg	6.00

New Brunswick

New Brunswick Registered Nurses Association (for the Endowment Fund)	50.00

Nova Scotia

A.A., Glace Bay General Hospital	10.00
A.A., Victoria Hospital, Halifax	5.00
School of Nursing, Halifax Infirmary	5.00

Ontario

A.A., Toronto General Hospital	100.00
Student Nurses, School of Nursing, Toronto General Hospital	144.00

Quebec

L'Association Jeanne Mance	5.00
Montreal Graduate Nurses Association	25.00
Mlle. Theodora Bertrand, Superintendent, Normand and Cross Hospital, Three Rivers	2.00

THE JUNIOR RED CROSS IN CANADA

JEAN A. MacKENZIE, Director, Saskatchewan Division, Junior Red Cross.

In Canada, as in several other countries during the war, children and young people were invited to participate in the humanitarian activities of the Red Cross. The first Junior Red Cross Charter was granted to a school in Saskatchewan in 1915, and at the close of the war numerous groups were actively functioning in schools throughout the Dominion. Following the historic conference at Cannes and the establishment of the Red Cross on a peace-time basis, the Junior Red Cross movement was extended "for the purpose of inculcating in the children of its country the ideal of peace and the practise of service, especially in relation to the care of their own health and that of others, the understanding of civic and human responsibility and the cultivation of a spirit of friendly helpfulness towards the children in all countries." The peace-time programme was firmly established in each of the nine provinces in Canada before the end of 1922, and growth in membership and scope of endeavour has been steadily increasing year by year until, at the end of the school year 1934, there were 290,684 members enrolled in 9,215 branches. In the comparatively short period of its existence, Junior Red Cross has grown with amazing rapidity into the largest child organization the world has ever known, having now approximately fourteen millions members in fifty countries.

WEAVING BY THE INKAMEEP JUNIORS, OLIVER, B.C.

In the Schools

The organization functions through the schools and has been enthusiastically endorsed by leaders in health and education who recognize it to be pedagogically sound and a living force to instil habits of health, of social responsibility and of international understanding. The classroom is the unit of organization and the teacher acts as adviser. Membership is voluntary and open to any boy or girl under nineteen years of age willing to practise twelve simple rules of healthy living and to help others who may need help. Meetings are carried out according to parliamentary procedure, and invaluable experience for future leadership is gained by the members in electing their own officers, appointing committees and in planning and carrying out programmes. The "Canadian Red Cross Junior", published monthly, and edited by Miss Jean E. Browne, National Director of Junior Red Cross, is the official organ of the society. It is welcomed by children and teachers alike, and the following tribute paid to it by the "Journal of Education for Nova Scotia" is typical of many:

Members of the White Eagles Branch, West Kildonan, Man.

> Every month the Junior Red Cross sends to the teacher one of the most fascinating of children's magazines, filled not only with stories and pictures but with suggestions for activities that will aid her to meet the demands of the new education. This magazine supplements the regular textbook with interesting, concrete material related to life and of a kind needed for modern teaching. It is a tool of the highest quality and free from commercialism and propaganda.

In Junior Red Cross childhood is regarded as a complete stage of life in itself and not merely a preparation for adult life. The child is regarded as an entity, and his programme of health, service for others and international friendliness are used to develop him physically, mentally and spiritually. It has been found that membership in the Junior Red Cross creates in a child a desire for good health for himself and others, and a willingness to put into practice the principles for which the organization stands. The Junior Red Cross conception of health is beautifully expressed in the words of Sir George Newman: "The ideal is by prevention to defeat disease and to lengthen man's days, but still more in the ultimate issue to emancipate the imprisoned splendour of the human spirit and furnish a larger degree of happiness, contentment and capacity."

Service

The motto of the Junior Red Cross is "I Serve", and the splendid achievements of the members are a challenge to older people. In Canada although a vast amount of valuable work is carried on locally by branches, efforts are chiefly concentrated on the Crippled Children's Fund which, combined with generous co-operation from physicians and surgeons who have donated much time and skill, has made possible the provision of free treatment to 11,572 physically handicapped children since the inception of the peacetime programme. This is exclusive of dental cases, and many of the patients were children suffering from orthopaedic deformities requiring prolonged hospitalization. There are two Junior Red Cross hospitals for children in operation, one in Calgary, Alberta, and the other in Regina, Saskatchewan, and in other provinces Juniors assist in financing the treatment of children in hospitals already existing. They take most practical interest in the welfare of the patients and, in addition to earning funds for their treatment, in itself an enormous undertaking, they perform innumerable little acts of kindness such as writing to them and sending gifts for special occasions and sewing and knitting useful garments. Much ingenuity is displayed by Juniors in earning funds and, in reading letters from the branches, one cannot fail to be impressed by their spirit of sympathy and unselfish service for others.

For some years, orthopaedic clinics have been successfully conducted through the Junior Red Cross in Nova Scotia and Prince Edward Island. Last year nineteen clinics were held in the former province and four in the latter. In Montreal a Junior Red Cross Dental Committee, composed of representatives of several health and social agencies, and with the co-operation of the principals of schools, opened free dental clinics for school children from selected Montreal schools and from the schools of Verdun. The Junior Red Cross has advanced the funds to finance the scheme for four months, during which experimental period it is hoped that public support will be enlisted for its continuance.

International Friendship

Through the Junior Red Cross plan of international correspondence by means of portfolios and letters, the members in any country are linked up with the great world membership, forming bonds of friendship and understanding based on the common ideal which unites them. It is interesting to note that during the last school year international correspondence in this country increased by 72 per cent. Millions of members of Junior Red Cross are constructing a brave new world,—not on the materialistic design of Aldous Huxley's conception but one based on moral truths. It is a world in which beauty reigns because health prevails; because people are "in fair compassions skilled" and eager to follow the example of Him who said, "I am among you as one who serves"; because hatreds among the people of the world are giving way to understanding and friendliness; because personal animosities are swept away in a great desire for working together in sympathetic fellowship with one's associates; this is the brave new world which will come more quickly because of Junior Red Cross.

Happy Junior Red Cross Patients

ON THE TRAIL OF ADVENTURE

St. Anthony,
Newfoundland,
January, 1913.

Dear E.,

A nurse's idea of perfect bliss ought to be work in a mission hospital. No red tape to tie oneself in knots with, the fewest possible rules, and fellow-nurses who are there because of their keenness and interest in the work. Honestly—there is nothing like it. When I arrived last August there were crowds of wonderful volunteer helpers, specialists, nurses, and students of all brands doing any work that was required. By the end of September these had all gone and we were reduced to our winter staff of two doctors, a medical student, three nurses, and one or two odd men to "valet the reindeer" as our student, who is a wag, puts it. In addition there is the orphanage with its staff of two ladies, and the school-teacher and Mr. B., whose chief job is, I think, that of Postmaster-General. The *Prospero* paid her last visit here on Christmas Eve so this letter will travel by dog-team, and here's hoping for its safe arrival.

It is a white world, and the nights are wonderful with the flickering Northern Lights, and the dead stillness, broken at times by the wild, weird howling of the huskies, pack after pack taking up the challenge. In the hospital there isn't a dull minute, particularly at night for then rats simply abound. Dr. Grenfell has got some ferrets and if he lets these loose in the guest house all their rats come over to us, and if he chooses the hospital our rats stay to see the fun, so we get them either way. The other night I heard a weird tapping so went to investigate, and found a large rat lugging a big ship's biscuit downstairs after himself, while a perfectly gorged ferret watched the proceedings lazily from the top step. Before the ferrets, the doctor tried Irish terriers, but they refused to run unless their master ran too, which was altogether too exhausting. Mercifully the patients take it all as calmly as the ferrets. They (patients, not ferrets) are perfect dears, and are called "liveyeres" because they "live here"; isn't it a beautiful name? Their language was a bit disturbing at first. One stalwart fisherman said to me, "Sister, I finds my dumb when I breezes down on he" and then repeated it louder and louder till I was fain to fetch the doctor to disentangle the remark. And what he meant was that his thumb hurt when he pressed it.

Up till Christmas our great excitement was the arrival of the steamer. This generally happened at night. You would hear her siren in the middle of a dream and a sleepy community turned out *en masse*. But you didn't remain sleepy long. Presently stretcher cases would begin arriving in the wards and downstairs the big waiting-room would be filled to overflowing. Maids buzzed around with mugs of tea and much bread and butter, while doctors and nurses worked at high pressure. Meanwhile the steamer unloaded, then went on up to Battle Harbour and back to St. Anthony, taking about twelve hours for the trip. In the interval all the patients had to be thoroughly "vetted," some packed off to bed to wait for the *Prospero's* next visit, but the majority, some minus a tooth or two, and practically all plus bottles of medicines were ready for the return trip home. Then came some strenuous days of operating followed by comparative calmness till the next outburst. In between times patients arrived from adjacent spots, in small boats, so we were never dull.

We do get marvellous gifts out here; stores full of splendid clothes, both brand new and slightly worn; but we also appear to be a dumping ground for the "spring cleaner." Our last instalment included feather boas in an advanced stage of moult, worn-out suspenders, dance slippers with no toes, long, black cotton gloves, and bundles of Butterick's pattern books of bygone fashions, with here and there a set of false teeth. When Dr. Grenfell gets loose in the collection the fun is fast and furious. One set of teeth has grinned at us in the mouth of a snowman since October.

Christmas Day was one to remember. The steamer prodded her way through the ice into the harbour as we sat around a blazing fire in the doctor's house while he told us stories. We spent the rest of the night getting patients on her and off her and preparing things generally. The doctor held a service in the ward in the morning—then came dinner, with the doctor carving with a new amputating knife!; followed by 3 o'clock and the waiting-room full of excited parents and children. Presently came the sound of bells, and across the hill came Father Christmas in a sleigh drawn by real, live reindeer, and with a most satisfactory sack on his back. He duly distributed toys and comforts and finally the day ended as it had begun, with a short service and some carols.

This is some letter, but I must say a word about my spell in the district. I stayed with a delightful fisherman, his wife and two children. The first night I rashly undressed and in the morning my breath was frozen in icicles on my hair. After that I went to bed more or less clothed and we washed *en famille* in a tin basin on the stove.

Always I kept listening for the shouts which proclaimed the advent of a fisherman and his team "seeking sister." Often I would be told "Sister, your face has went," and thawing out in front of the stove was always a painful process. Medicines were in great demand even by those in rude health, and I left one dear old man completely happy with twelve sugar-coated almonds, one to be taken every four hours.

And now, good-night.

Yours,
L.

Battle Harbour,
Labrador,
August, 1913.

Dear E.,

This comes to you from the topmost peak of a big rock out in the ocean. "Out beyond" there are huge ice-bergs glinting white in the sun. Down below lies the hospital with its veranda full of patients basking in this summer day. The harbour is packed with schooners come in from the weeks' deep-sea fishing, for it is Sunday and no fishing is done to-day. Presently I will go down to the piece of grass sloping down to the water's edge, and there with the fishermen sitting and lying around him, Dr. Grenfell will hold the service.

Once more we are re-inforced by summer helpers and all the hospitals on the coast are working at high pressure while teaching in schools, road-making, house building, and the unloading of winter stores goes on merrily all around. And alas, I have to leave it all for a spell when the *Duchess* next calls in; but it has been a wonderful year.

Yours,
L.

P.S.—By the way, I've joined the Legion of Frontiersmen and am their first nurse. I've just been enrolled.

Battle Harbour again,
August, 1913.

Dear E.,

We duly left in the *Duchess* and after much night duty I went early to bed. About midnight I was wakened by the most tremendous racket underneath. I lay still and considered matters till the steamer gently heeled over and through the port-hole "flooded in the main." Then I got up, fished out some garments and emerged into the alleyway where the stewards were frantically seeking "the woman", that being me, the only specimen on board. On deck a student and I clung together affectionately while we dressed and an excited little person skipped about wailing "It's Hussy's rock." This annoyed my student who retorted with some heat "I don't care *whose* rock it is, it's a dashed untidy thing to put it there."

The boats refused to be launched and the first one in, promptly sank. The others survived and we eventually got off. Before we left the ship a polite steward asked me if he could fetch me anything, and when I told him "some hairpins, please", he went off with alacrity and actually did rescue some from my now submerged cabin. Our calls for assistance were not heard so we meekly had to row some five miles or so to the shore leaving the *Duchess* to her fate, and causing much consternation when we suddenly appeared back in hospital.

And now I await another steamer with, I hope, better results; and I am at least unburdened with luggage.

Yours still,
L.

Shorncliffe, England,
October, 1914.

Dear E.,

How breathless life is these days. I only semed to have landed when I found myself in Oban waiting with everyone else for the news which came on the 4th of August. Then came the journey south in a sea of khaki, to the Legion Headquarters, and the wait at Harrow with mother and H. for things to get going. Finally I got permission to take on a job meanwhile on condition I am free when the "Legion" needs me. Then the C.P.R. offices where I was interviewed, followed by the arrival here to find my fellow-nurses were mostly pals from the dear old H.S.C.

Never shall I forget the first batch of wounded—all Belgians. They were dead tired and hadn't had their clothes off for days. This lovely house with the waiting beds, bright fires and many flowers must have seemed a little bit of heaven. One man stood dazed on the threshhold, then hobbled to a piano and picked out "God Save the King" with one finger. The dear old Scotch gardener is a tower of strength always. His method is to shut himself firmly into the bathroom with a selected Belgian, and shout at him in the broadest Doric until the man is induced to peel off his clothes and get into the bath. But now, this short episode is over for me and tomorrow I go North to be inspected by a mission doctor and his committee for work in a hospital in Arabia. I go with a clear conscience for they badly need a nurse, and here beautiful young things are positively falling over themselves to get accepted.

Yours,
L.

S.S. *Dunvegan Castle*,
Red Sea,
January, 1915.

Dear E.,

I seem fated to travel minus luggage these days; mine mislaid itself and never turned up when we were due to sail; probably all for the best, for four people in a small cabin leave little room for trunks. Luckily I had a hold-all with a change of undies so was able to exist till we reached Marseilles, where I fairly raked the shops through for suitable garments. I'm quite partial to this ship now, but she will take the prize for rolling every time, and in the Bay she surpassed herself. Bed was the only possible place and our cabin being near the saloon we heard a lot. Apparently the doors of the sideboards came off and all the cruets waltzed merrily round on the floor. With each roll came the crash of crockery and much lurid language. My nice doctor came at intervals to report. Ever since I met him and he escorted me round the committee he has seemed like an old friend. And he is never seasick which is such an advantage on a voyage!

Our first stop was Lisbon where we landed in a party and cheerfully inspected what we took to be an inferior Madame Tussaud's establishment in glass cases, till we suddenly discovered the figures were actually those of quite dead kings. Our interest abated, especially when our guide informed us in detail that it had been impossible to secure enough portions of the last gentleman owing to a particularly effective revolution. We weren't allowed to land at Gibraltar, much to our sorrow, and we gazed longingly from the ship. At intervals there were scares of submarines but we never saw one.

We got to Naples on New Year's Day in a stiff gale. The ship was coaling during the four days we were in port and it poured rain in a steady flood, so we spent the time largely with a young octopus of singularly unpleasant aspect in the Aquarium, when we were not having tea in a delightful little place kept by two Scotch ladies. Port Said was a revelation to many of us and the glamour of the East descended on me. We landed about 2 a.m. to find the whole place brightly lit up and enterprising eastern gentlemen offering us topies, Persian carpets and Turkish delight with great zeal. Then came the canal with the banks swarming with troops, and now this is our last lap and soon the doctor and I will land at Aden. My next letter will be from the desert.

Yours,
L.

[*Editor's Note*: These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands. More letters will appear in successive issues.]

THE EDITOR'S DESK

Readers' Guide

In his thoughtful article entitled "Nursing Service for the Community," Dr. Harvey Agnew, secretary of the Department of Hospital Service of the Canadian Medical Association, indicates from a physician's point of view what such a service ought to be and how it might be provided. He also makes a plea for a functional analysis of nursing and it is encouraging to know that projects now under way in all three sections of the Canadian Nurses Association will eventually make this analysis possible. △ The fine work of the Department of Public Health of the city of Toronto is known all over the world, and nurses from many countries have observed and studied this organization and administration of its nursing division; Miss Elsie Hickey, supervisor of communicable diseases nursing, gives an admirably clear picture of the measures taken in Toronto to control and prevent tuberculosis. △ We hope to publish, in successive instalments, an excellent address given by Miss May Jones before the private duty section of the Registered Nurses Association of Ontario. Miss Jones is herself a private duty nurse and practises in London, Ontario. It is possible that all our readers will not agree with her upon every point, but it is nevertheless true that Miss Jones has the courage of her convictions and deserves a careful hearing. We suggest that this series would form a good basis for discussion at association meetings when the drowsy summer days are over; it will keep you awake, we promise you that. △ Miss Marion Lindeburgh and Miss Martha Batson have been kind enough to share with our readers their interesting impressions of the recent convention of the American National League of Nursing Education. We shall be glad to hear later from any enterprising instructors who have tried out the symposium method, as described by Miss Batson under the caption of "A New Horizon." △ It would be a dull *Journal* which did not record new honours conferred on nurses. The appointment of Miss Birtles and Miss Maxwell as Officers of the Order of the British Empire has been a source of pride and satisfaction to their professional associates. △ In this number a series of three articles, describing activities of the Canadian Red Cross Society which are closely related to nursing, is brought to a close with an interesting account of the Junior Red Cross written by Miss Jean MacKenzie, who is the director of the Saskatchewan division of that organization. △ The growing importance of social work as a factor in our national life seems to justify a brief account of some of the outstanding features of the recent Conference on Social Work held in Montreal. Social workers will play an increasingly important part in the administration of the agencies dealing with unemployment and other economic difficulties and the field of public health nursing is so closely related to that of social work that it is sometimes difficult to establish any dividing line. Mutual tolerance and respect, not to mention a lively sense of humour, will bring about the sort of co-operation we need and that the public has a right to expect from us.

National Trends

At the June meeting of the Executive Committee of the Canadian Nurses Association a number of interesting and important matters came up for consideration. These are reported upon in this issue by the Executive Secretary under the caption of *Notes from the National Office*. You will therefore need the August *Journal* for reference when meetings begin again. If you have not time to read it now put it in some safe place where you can find it. Don't use it as a fan out on the beach or for any other frivolous use. Remember, we cannot guarantee to supply back numbers.

Department of Nursing Education

IMPRESSIONS OF THE N.L.N.E.

MARION LINDEBURGH, Chairman, Nursing Education Section, Canadian Nurses Association.

Another milestone was reached in the onward march of nursing education when the forty-first annual meeting of the National League of Nursing Education was held in New York during June. The occasion marked the seventy-fifth anniversary of the founding of the Nightingale School and the meetings centred around the whole problem of nursing education; it was natural that it should be so because the education committee of the League is at present undertaking an extensive revision of its curriculum.

Thanks to the able direction of Miss Isabel M. Stewart, the programme was admirable in every respect. The sessions were allotted to specific curriculum problems which followed each other with such logic and continuity that, at the end of a most inspiring and instructive week, one felt that there was nothing left to be said.

The papers presented were of unusual quality, and one was afforded the rare privilege of listening to speakers of outstanding ability and reputation in the nursing world. It left one with a real feeling of security and assurance that the reconstruction of the curriculum is controlled by nurses of wide vision and mature judgment.

Perhaps one of the most outstanding features was the share which was taken in the programme by hospital administrators, physicians and college professors. One was profoundly impressed with the remarkable agreement of the opinions held by members of these groups with those of the nursing authorities in regard to the fundamental administrative essentials of nursing education. It was the hospital superintendent who pleaded for a representative school of nursing committee, whereby the needs of the school of nursing might be better interpreted to the hospital and the community. Members of the medical profession spoke with full conviction of the growing demand for a preparation which will fit nurses for efficient community service and advocated that nursing education be conducted upon a professional level.

Not only were the aims of education and the selection of curriculum content discussed in relation to the growing and changing needs of nursing education, but the application of modern educational theory was well exemplified in several discussions dealing with methods of teaching. Much emphasis was placed on the fact that the theory of educational method is becoming an increasingly important factor in teaching and learning, and that the improvement of any course is not wholly secured through an addition of lecture hours; but depends more upon the elimination of the irrelevant, the selection of the essentials and upon an agreement as to the best methods whereby the instruction may be made most effective. By such procedure, an economy of, rather than an addition to, time might result. This discussion was carried over into a practical application which took the form of a demonstration or symposium of clinical instruction, undertaken by members of the Yale School of Nursing.

American reputation for hospitality was well sustained. A very impressive mass meeting took place at Carnegie Hall which was enjoyed, although there was keen disappointment that Miss Adelaide Nutting was prevented by illness from being present.

A NEW HORIZON

MARTHA BATSON, Chief Instructor, the Montreal General Hospital School for Nurses.

Those of us who were privileged to attend the recent meeting of the National League of Nursing Education held in New York during the week of June 3, find it difficult to express our appreciation of what we learned. The meetings were enthusiastic and we were deeply impressed by the clear thinking of the speakers, their frankness and honesty, their recognition of our needs, and the marked unanimity of opinion on the many vital questions discussed.

An Outstanding Feature

An excellent programme was presented, dealing largely with that burning question, "What changes do we need in the nursing school curriculum?", but one of the most interesting of all the sessions took the form of a demonstration of a symposium on clinical instruction conducted by Dr. Marion Leonard, professor of clinical instruction in the Yale University School of Nursing, who was assisted by other members of the faculty of that school and by three of its students. The object of this remarkable demonstration was to show the value of the symposium as a teaching method in the instruction of student nurses. It was conducted on the platform according to the general pattern which is actually in use in the school. Those participating included the professor of clinical instruction, the instructor of nursing arts, a nutritionist, a psychiatrist and a social worker. Three student nurses, who had actually nursed the patient, who is suffering from peptic ulcer, presented papers dealing with the various aspects of his case. The patient did not appear at the demonstration, nor are patients ever present when any symposium is held; it is thus possible to discuss the case with complete freedom.

The general topic was introduced by the professor of clinical instruction, who gave a brief description of the patient, and also announced the sequence of the programme. This introduction was followed by the first student nurse who gave an excellent paper on her study of the clinical, pathological, therapeutic, and diet-therapy aspects. Every detail was clearly explained, showing that the student had made a thorough study. The clinical instructor then enlarged upon one or two points concerning medication and the nutritionist explained the object of the special dietary régime necessary in the treatment of peptic ulcer. The second student presented a study of the social and psychiatric aspects, giving very clearly the information she had obtained from the social worker and the psychiatrist as well as reporting upon her own observation of the patient's behaviour and personality. The social worker then emphasized the importance of instructing the patient regarding diet, rest and work, and the psychiatrist gave the reasons why a certain type of shut-in personality is subject to this particular disorder.

The final paper, given by a third student, dealt with the nursing care and gave a general summary which referred to the emergency treatment, the nursing procedures used, the general hygiene, health instruction, and the importance of sending the patient home well equipped for the future. The instructor of nursing arts then emphasized a number of special points in connection with the actual nursing care. The papers were excellent and were presented in an admirably enthusiastic manner.

Planning the Symposium

This demonstration was conducted along the same lines as for an actual symposium. The method is as follows: two or three students, actually engaged in nursing the patient, are assigned two weeks in advance, to a study of the various aspects of the case. During this interval the student arranges for consultation, by appointment, with the various members of the faculty mentioned above, the consultants being selected according to the nature of the case. The appointment method insures that no time is lost either by the student or the consultant. It was most encouraging to note the willingness of these busy consultants to meet the students who sometimes may have the privilege of having as many as three conferences before presenting their papers at the symposium.

Stimulating Interest

In the Yale School of Nursing student nurses have the privilege of attending the symposium, and an invitation is also extended to the staff nurses and to "all who are interested." Each symposium is announced two weeks in advance so that those who wish to attend may plan to do so. The announcement is conspicuously displayed on all the various bulletin boards and gives full information concerning the programme. An outline of the announcement is of sufficient interest to be reproduced here:

> A symposium will be held in the seminar room on .... The patient will be Mr. B.; the diagnosis is .... The aspects of presentation and discussion will be:
>
> (*a*) Clinical, pathological, therapeutic, diet-therapy; presented by Miss C. (a student nurse). Discussion will be led by the professor of clinical instruction and by the nutritionist.
>
> (*b*) Social and psychiatric aspects, presented by Miss F. (a second student nurse). Discussion will be led by a psychiatrist and a social worker.
>
> (*c*) Aspects of nursing care and a general summary, presented by Miss G. (a third student nurse). Discussion will be led by the instructor of nursing arts.

The demonstration of the symposium as presented at the League convention proved to be an excellent example of vitalized teaching and learning. Here nursing and the allied subjects were closely related. Psychiatry, nutrition, materia medica, social science, hygiene were all integrated with *nursing*. Most impressive was the evident co-operation between the medical and nursing staff in educating the students.

A method such as this could and should be adopted in our schools of nursing. Some adaptation and modification would doubtless be necessary, but it could be done. This is the sort of clinical instruction which stimulates the student's interest by opening up new fields and linking theory with practice. They are learning by seeking information through their own effort; they are looking toward a new horizon.

A WORD OF THANKS

About this time a year ago the first curriculum study was completed and opinions expressed in the answers from three hundred studies which had been distributed to nurse administrators, teachers and supervisors in all the provinces were summarized. In December, 1934, a report based on the findings of this study was published in *The Canadian Nurse*.

Since that time a second study, dealing specifically with curriculum subjects and methods of teaching, has been completed and returns are now being assembled. This study was participated in by members of the teaching staff, the supervisors and head nurses in selected schools of nursing throughout Canada, and a review of the returns is ample evidence of the many staff meetings which must have been held throughout the winter months. There is need for more careful selection of subject matter, particularly in the biological and social sciences, and for a closer integration of the content of our educational programme; the opinions which have been thus expressed by those engaged in teaching in our schools of nursing will be of great assistance to the curriculum committee in formulating the recommendations.

It is not possible to thank individually all members who have taken part in the curriculum studies, but on behalf of the Standing Committee on Curriculum, the convener would like, through the *Journal*, to publicly thank every member who has given so willingly of her time and effort.

Department of Public Health Nursing

THE TUBERCULOSIS PROGRAMME IN TORONTO

ELSIE HICKEY, Supervisor, Communicable Diseases Nursing, Division of Public Health Nursing, Department of Public Health, City of Toronto.

Anti-tuberculosis work is a part of the generalized health programme of the Department of Public Health of Toronto which comprises thirteen separate units or divisions each under the direction of a responsible head, applying itself to a specified task, all co-ordinated under the direct management of the Medical Officer of Health.

For administrative and field purposes certain of the forces of the department are further divided on a regional or territorial basis. There are eight of such units, which are decentralized aggregates of staff and consist of one full-time district medical officer, a superintendent of nurses, and a staff of nurses. These units occupy offices at eight strategic points within the respective districts into which the city is divided for the purpose. A ninth unit is that which constitutes the division of hospital, social and health service, actually a sub-division of the division of public health nursing, remaining by nature of its work, administratively a centralized unit, its membership being assigned to the various hospitals and sanatoria receiving the city's patients.

General Organization

In considering the tuberculosis work of the department in general, one must recognize that each of the divisions shares some responsibility. However, the major portion of the task is borne by the division of public health nursing. The supervisor of communicable diseases nursing is responsible for compiling data, and for assisting with the formulation of policies and also for the educational programme of the staff in this particular branch of the work. She also acts as consultant to the district staff and to the hospital social and health service, and assists with problem cases. Each district nurse keeps a record of all reported tuberculous patients in her district and maintains supervision over them, unless advised by the private physician that this is unnecessary. This supervision includes giving or helping to procure the best possible care of the patient and contacts. She must also be assured that the patient is not endangering others. When necessary, she enlists the special help of her district superintendent and of the district medical officer, under whose direction, in fact, she operates at all times. When private physicians request nurses not to visit, he is consulted twice a year as to whether the patient is still under his care and living at the address last known. In this way files and records are kept in a more accurate state.

Chest Clinics

The various hospitals and Gage Institute have chest clinics for the diagnosis and treatment of tuberculosis. To each of the hospital clinics is attached one or more hospital social and health service nurses of the Department of Public Health. These nurses receive from the district nurses the social and home reports of each new patient and are also responsible for initiating supervision, to the end that the physician's orders for treatment and care may be carried out. Gage Institute provides its own clinic personnel. Follow-up is provided by this department.

By authority of the City Council and controlled by regulations of the Local Board of Health governing civic allowances, a grant of thirty-two cents is made to the hospital for each out-patient attendance. Indigent patients, and patients under the care of a private physician who are unable to pay consultation fees are eligible for admission to a chest clinic. The latter are referred back by the clinic physician to their own physicians with a full report of findings and recommendations.

Sanatoria

Toronto's patients are cared for in the Toronto Hospital for Consumptives, Muskoka Hospital for Consumptives, Queen Alexandra Sanatorium, London; Mountain Sanatorium, Hamilton; and a few patients are received at Freeport Sanatorium, Kitchener. Special report forms are used to co-ordinate the work of the chest clinic and sanatorium. A report of chest clinic findings is sent with each application for admission, and again on discharge a report follows from the medical superintendent of the sanatorium to the Department of Public Health, giving the address to which the patient is going, clinic at which he was previously treated, information as to amount of exercise at time of discharge, reason for discharge and recommendations for further treatment and care. A copy of this discharge report is sent to the clinic or private physician and to the district nurse, whose duty it is to see that patient returns to the chest clinic or a private physician for supervision.

A nurse of the department is assigned to work with the sanatoria to which Toronto patients are admitted. She visits these sanatoria for the purpose of keeping in touch with Toronto's patients and to assist, if possible, with the adjustment of any difficulties arising in their homes which may affect the patient or with respect to their institutional care. When a patient in sanatorium requests leave, a notification comes from the medical superintendent of the sanatorium requesting information as to the home conditions, and enquiring if this leave should be granted. The district nurse visits the home and helps when possible to make any necessary adjustment, and then reports her findings which in turn are forwarded with a recommendation to the medical superintendent.

Re-establishment

This is one of the major problems in the tuberculosis programme for which there is at present no adequate solution. A very small beginning has been made in Toronto. Samaritan House is a home which at present accommodates ten ex-sanatorium male patients. This home is jointly supported by a per diem grant from the city and from the Federation for Community Service, and funds provided by the Samaritan Club. Occasionally a patient contributes towards his maintenance. The objective of the project is to assist in the re-establishment of these men and their return to the community.

Patients who it is thought can be fully or partly re-established are admitted via a recommendation from the Department of Public Health. The function of the Samaritan Club is to endeavour to determine and provide a proper occupational or vocational training. While the number of cases handled has been small, the results obtained have been most gratifying and have already served to illustrate the possibilities of and justification for such a programme.

Contacts

Great emphasis is put on contact supervision. When a case is diagnosed every effort is made to locate a possible source of infection, as well as such subsequent contacts as have been sufficiently exposed in home, school or industry to warrant medical examination and supervision. The age group most difficult to supervise, of course, is the young adult, who so often fails to appreciate as he should the need for examination. Recently for teaching purposes a graph was made for the use of nurses in the field, showing the age, sex, distribution of the incidence of tuberculosis, and this graph has been quite useful in emphasizing the need of medical care, especially as it is related to certain age periods. When a case of tuberculosis develops in school, the parents of all the children who have been exposed are informed as to the need of medical examination. A school record is also kept of all children who have been at any time exposed to a known case, with an aim to special supervision by school doctor and nurse. When an open case of tuberculosis is reported at a place of employment, or at which the case was recently employed, the district medical officer visits and consults the head of the firm or office regarding a possible source of infection and the probable contacts. A decision is made regarding the persons who it is thought should be examined, and the necessary instruction is given in this respect.

Preventive Services

Despite the time-honoured responsibilities which must be assumed by official departments of health, Toronto's department acknowledges its supreme function as that of health teaching, the dissemination of knowledge which promotes the art of healthful living, keeping people well and restoring the ailing to a fuller measure of health; impressing upon the populace the wisdom of embracing all measures at its disposal for the prevention of disease. In the control and prevention of no other disease is health teaching more fruitful than in the case of tuberculosis.

In Toronto, the system of periodic inspection of children at school serves a wider purpose than merely the detection of communicable conditions; an intelligent contact with the children may clear up many a difficulty and the health talk which invariably follows a class inspection has definite value. The complete physical examination which occurs at least twice in a child's school life and the special examination made whenever the need is apparent, afford opportunities to appraise the child's health, to detect abnormalities and defects which, if corrected, will stop an insidious disease growth or at any rate enlarge the health and vigour of the child. Regular, intelligent and sympathetic contact with the young soon impresses upon them the value of periodic health examinations, a goal toward which the thoughtful members of the profession of medicine are striving.

For the Toronto child who is malnourished, anaemic, languid, restless and nervous, who may be convalescing from prolonged illness or whose home environment may be contributing to these defects, and where other conditions exist which may invite tuberculosis, the Board of Education has provided open-air classes. These classes are to be found in a Forest School, with a total enrolment of 250, operating from the beginning of May to the end of October, and in three open-air schools, capable of enrolling 300 or more children, and carrying on during a standard school year. While the physical condition of the child in these classes is the major consideration, it has been demonstrated that such consideration can be skilfully blended with the child's academic interests. The Department of Public Health has assumed the responsibility for the selection of these children in these classes.

The city's preventorium, inaugurated and maintained largely by the Imperial Order of the Daughters of the Empire, affords admission to the child who has had a known contact with tuberculosis or who has manifested tuberculosis predisposition but who is not clinically a case; accommodation is thus open to the child whose condition may make him a ready prey to tuberculosis. Toronto at present is maintaining 113 children in its preventorium, which is accommodating, in all, 128 children.

Numerous fresh air or summer camps, sponsored by the social and service agencies and clubs, are thrown open during the summer to selected children. The cost is met by private funds supplemented by public moneys in the nature of grants or per diem allowances. Ranking high among the preventive measures employed against tuberculosis is the city's milk pasteurizing programme, effective since 1914, under the terms of which the total milk supply is adequately pasteurized under official supervision. As a result, bovine tuberculosis presents no problem in Toronto.

Education

In the spring of 1934, a series of lectures on various phases of tuberculosis work was given to the medical and nursing staffs of the department by Drs. J. H. Elliott, W. E. Ogden, Harold Parsons and H. I. Kinsey. These were most instructive and helpful. Arrangements have been completed for one week's observation work with the Nursing Division of the department for nurses who are taking post-graduate or affiliate work at the Toronto Hospital for Consumptives.

Some Results

Tuberculosis, which in 1931 was claiming 130 people of every 100,000 population, has steadily declined through the years which have intervened. The rate for 1933 was 43.0; for 1934, 40.0. The present rates are one-third of those which prevailed two decades ago. The rate of 59 for 1929 compared with 40 for 1934 shows a drop of nearly 33 per cent in six years.

CARRYING ON AT McGILL

Thanks to the fine work of the finance committee of the Alumnae Association of the School for Graduate Nurses at McGill University the school is secured for another year. Miss E. Frances Upton, chairman of this committee, has spared no effort during this critical period, and her courage and determination under discouraging circumstances are deserving of the highest commendation. During the last three years a total sum of approximately $12,000.00 has been contributed to the support of the school by provincial nurses associations, by the alumnae associations of schools of nursing, by student nurse groups and by the alumnae of the school itself. Particularly during the last year, graduates of the school have put forth the greatest effort to save the school and are straining every nerve because of their appreciation of what the school has done for them and of what it means to nursing education and nursing service. Students from all over Canada register yearly in the school and, in this connection, it is most gratifying to know that this year the Flora Madeline Shaw Scholarship given by the alumnae of the school has been awarded to Miss Marion E. Bie, a graduate of the Saskatoon City Hospital School of Nursing, Saskatoon, Saskatchewan.

The school has served the profession and the public throughout Canada for more than fifteen years and has graduated 332 nurses, most of whom are filling responsible positions in various provinces. Twenty-six nurses graduated this year in the course in teaching in schools of nursing, supervision in schools of nursing and public health nursing, and already practically all have found suitable fields of service.

Appeals have been made to Foundations interested in the advancement of professional education, but as yet no definite promise of assistance has been made. However, there is justification for optimism. Following administrative changes within the University, the advisory committee of the school has been enlarged to include a wider representation of interests both within the University itself and in the community at large. The community is becoming conscious of the need for efficient leadership and for good nursing service, and if this new committee can bring about a realization of its obligation to nursing education, the future of the school will be secure.

Department of Private Duty Nursing

WHERE DO WE STAND?

MAY JONES, Private Duty Nurse, London, Ontario.

If I began by asking the question, "Is nursing a profession?", I can well imagine many of you would be annoyed (to put it mildly) that I should be so audacious as to hint that it is not. Yet from our knowledge of nursing history, and in the light of modern definitions of a profession we are forced to admit that nursing is an old occupation but a new profession. Professional education in general seems to have passed through three successive cycles: apprenticeship, expansion and, finally, regulation and standardization. Although we agree that nursing is still in the cycle of apprenticeship it is apparent that the cycles overlap, for the expansion of modern nursing has been phenomenal.

Expansion and Control

Seventy-five years ago Florence Nightingale organized the first modern school for nurses with fifteen probationers, and today in England there are 30,000 nurses registered with the College of Nursing alone, not to mention those registered elsewhere. Seventy-one years ago the first school for nurses in Canada was organized by Dr. Mack at St. Catharines, Ontario, with a class of four probationers brought out from England and now we have 1,500 nurses graduated and licensed in Ontario each year.

As the value of this training was recognized, expansion came because of the demand of the public for this service and, in order to meet this demand, training schools developed in large numbers and in many places where the necessary resources were not found. Very soon it was realized that these students gave valuable service to the hospital and were a means of providing cheap labour, and so the exploitation of the student nurse increased and the educational functions of the school were neglected. There are hospitals, large and small, right here in our fair province which have not progressed very far from this idea, even to-day. This has been costly to the nursing profession and the time has come when there must be concentration upon quality rather than quantity in every school of nursing.

This cycle of expansion has been controlled to a considerable extent in other professions by three measures: first, by raising the educational standards; second, by making known the condition of overcrowding in the profession; third, by limiting the educational centres. We are encouraged by the definite effort of our Provincial Association to take the first step, namely, the raising of educational standards for entrance to schools of nursing as a means of controlling over-supply.

As private duty nurses let us not pin our hopes on this alone as a means of reducing unemployment. We have the right to question whether higher educational standards will solve our problem. Does higher education provide everything that a trained nurse needs or is there that intangible something that some less highly educated young women have and that some high school and university graduates lack? Does the private duty nurse require another type of education, one that makes her better fitted to go into a home and fit herself into the family, not as a stranger but as an understanding friend, capable of giving professional care to the patient and yet not causing extra strain and added work in the household? Would additional training in dietetics, household management and household

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This is the first of a series of articles based on an address delivered before the private duty section of the Registered Nurses of Ontario, April 26, 1935.

economics fit the private duty nurse for her particular field of activity? If we stress higher educational standards to the extreme are we making room for the practical nurse in the average home in time of sickness?

What are we doing about making known the condition of overcrowding in the profession? Are we making it known to students in high schools and universities who are contemplating entering schools of nursing that this profession is overcrowded, particularly that division to which the majority of nurses turn their activities? I fear we rather hush the matter up and have done little if anything to assist in controlling the cycle of expansion from this standpoint. Would not this be an ideal place for our private duty group to start in on a definite programme?

Limitation of Schools

In regard to limiting the number of schools of nursing as a means of controlling expansion, some progress has been made. We know that over thirty of the smallest training schools in our province have been discontinued and that more will be discontinued in the next year or two, but is that sufficient to limit the yearly output of nurses? Surely a department of the Provincial Government which has authority to close small schools has the power to restrict the number of student nurses enrolled in the larger schools. This cannot be accomplished through local hospital boards for, generally speaking, they are not well informed in these matters, nor do they particularly care about the welfare of the nurse once she has graduated. Direct control of the number of nurses graduated from schools of nursing in our province should be under the Department of Hospitals of the Provincial Government and only the schools that measure up to definite and high standards should be recognized as educational centres. In supporting this statement I quote from *The Toronto Globe*:

> The advocacy of the small training school for nurses, because it is near the home of the student nurse, is a popular argument with the laity. Years ago this same reason was advanced in the teaching profession, to support the apprentice system of teaching. There are plenty of schools near home, where pupil-teachers might learn to teach today. But the public has come to see that normal training can be most effectively given in larger centres under thoroughly trained educationists. The analogy holds good for the nursing profession. The larger hospitals afford facilities for nursing experience and for giving specialized teaching which the small hospitals cannot give. Most of those responsible for nurse training in small hospitals make a sincere effort to educate the nurses. But sincerity does not furnish library facilities, clinical material and teaching staff, which are necessary for effective nursing education.
>
> In hospitals where little is spent by the hospital for the education of the nurse, she provides cheap labor. Naturally enough the greater the attention given to her nursing education, the less cheap she becomes. So that, in hospitals where a real attempt is made to educate the nurse, she becomes a liability instead of an asset to her training school. It is actually cheaper to employ graduate nurses to give nursing service than it is to train student nurses. Ultimately, the public will realize that a small training school is doing one of two things: either it is exploiting the unfortunate student nurse, or it is being run at a financial loss because of its training school. When this is realized there will be a general demand for graduate nursing service in small hospitals, because it is cheaper, and the sick will be assured of the best possible nursing care.
>
> It is for those in positions of influence, who have ready access to information, to envisage an improved nursing situation and to help the public to grasp the true facts.

Regulation and Standardization

The third cycle professional education has passed through is the cycle of regulation and standardization. We know our public and high school teachers are required to be trained in well-organized and definitely controlled centres of learning and that our medical schools are directly linked up with the universities. But what about our nursing profession? Are all our schools conducted by trained instructors? Can hospitals of less than

75 beds, with a daily average below 50 patients, provide adequate material for training a nurse? Should the small training school be closed and the large school be permitted to continue, and in some instances increase, their classes of probationers and so keep up the annual output and make it more difficult each year for the registered nurses to obtain even a minimum amount of employment? The answer to these questions is no, emphatically no.

If we are truthful we must admit there are only a relatively small number of schools for nurses that can be classed as educational institutions. What are we going to do about it? At a recent meeting of the Ontario Hospital Association Mr. E. Norman Smith referred to the functions of the school of nursing as follows: "I think it is our duty as trustees to see that the educational features of the training are not subordinated to the usefulness of the pupils in the hospitals. The entrance standards have been raised and the curriculum has been made much more difficult. We should, in keeping, reduce the physical part of a pupil's work and give her ample time for study and recreation." We wish Ontario had five hundred hospital trustees with a vision and an ideal like Mr. Smith's.

How long do you think Canadian nurses are going to be satisfied without a definite standard of what constitutes a school of nursing? Because you have received your diploma and have severed your direct connection with your training school do you feel this is not your task? The students of to-day cannot insist on a standard and if they assume the attitude you have taken as soon as they graduate what about the students of to-morrow? Certainly this is our duty and just as much that of the private duty group as the public health group or the administration group.

Critical Analysis

The fourth cycle through which professional education seems to be passing is the cycle of critical analysis and here the nursing profession has gone a step ahead of some of the other professions. Our critical analysis was the "Survey of Nursing Education in Canada", completed by Dr. Weir, in 1931, and many of us have not yet wakened up to the importance and value of this tremendous piece of work. Our responsibility and position in the community as private duty nurses was made much clearer to many of us after a study of this survey. Permit me to refer to Dr. M. T. MacEachern, who makes the following interesting observation:

> There is a definite shortage of nurses adequately prepared to give high-grade service to contagious, mental, pediatric and obstetric cases. A nurse should be able to give proper bedside care, have such a knowledge of household arts as will enable her to deal effectively with domestic situations arising out of illness and should be able to take part in the promotion of health and the prevention of disease, and to co-operate with the family, hospital personnel and health and social agencies in the interest of patient and community. Nurses occupy so vital a place in community life that it is gratifying to find a search made for new and more important branches of service, rather than an acceptance of existing conditions in a sadly overcrowded occupation. An intelligent public will welcome any steps that can be taken to increase the usefulness of the large number of women ready to devote their lives to the improvement of individual and community health.

Does not that sound like a challenge to our private duty group?

(To be continued)

Book Reviews

MICROBIOLOGY AND ELEMENTARY PATHOLOGY (for the use of nurses). By Charles G. Sinclair, B.S., M.D., formerly instructor in microbiology and pathology, Army School of Nursing, Washington, D.C. Second revised edition. 371 pages. 102 illustrations, some in colour. Published by the F. A. Davis Company, 1914 Cherry St., Philadelphia, U.S.A. Price, $2.50.

The content of this book is divided into three sections: microbiology, laboratory exercises in microbiology; elementary pathology. The difficult goal of giving instruction which, while necessarily superficial, is nevertheless useful and authoritative, has been reasonably well attained. The descriptions of the various micro-organisms though brief, are clear, and the numerous illustrations are excellent. The section dealing with laboratory exercises might profitably have been expanded. The section devoted to pathology will be read with profit, especially those chapters dealing with the applied aspects which are of practical importance to nurses. The author is to be complimented on the wording of the title of this volume: "Microbiology and Elementary Pathology"; then, in a separate clause: "for the use of nurses." This is a refreshing departure from the practice of giving textbooks such titles as "Infectious diseases for nurses" and like absurdities.

THE MATHEMATICS OF DRUGS AND SOLUTIONS, a work-book designed to supplement textbooks on materia medica and drugs and solutions. By Harry S. Biddle, author of "Chemistry for Nurses," Western Reserve University, Cleveland, Ohio, and Disa W. Sitler, instructor in pharmacology, Mount Sinai Hospital, Cleveland. Published by the F. A. Davis Company, 1914 Cherry St., Philadelphia, U.S.A. Price, $3.00 for a package of five.

There is probably no subject in the whole nursing curriculum which has involved more lamentation and tears than materia medica and its attendant grief, drugs and solutions. The reason is very simple: most student nurses have not a sound knowledge of elementary arithmetic. The authors of this conveniently arranged combination of work-book and exercises have done an admirable piece of work and instructors will find it extremely helpful not only in the preliminary course but even for the use of advanced students. As the authors justly remark: "The importance of the mathematical side of the nurse's work cannot be stressed too highly. Calculations must be made and accuracy is demanded at every stage of the proceeding. Mistakes in nursing almost invariably must be paid for in human discomfort and pain, and in extreme cases, in human life."

ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The summer meeting of the Executive Committee of the Canadian Nurses Association was held in Winnipeg. Those in attendance were the president, Miss R. M. Simpson; the honorary secretary, Miss Elsie J. Wilson; and the Misses Wells, Wright, Thompson, Madden and Brownell.

Reports of Committees

Dominion Registration: The progress report of the Committee on Dominion Registration outlined the minimum educational, age and professional qualifications for candidates for Dominion Registration which have been submitted for study and criticism to the provincial representatives on this Committee.

Exchange of Nurses: The report of this committee announced the plans made for nurses from other countries who will soon visit Canada.

National Enrolment: There is an increase in the number of nurses enrolled in Ontario and Saskatchewan. The Provincial Associations are being asked by the Executive to submit reports to the autumn meeting as to particular methods employed in arousing interest in enrolment; effective measures reported will then be forwarded to all provinces.

Mary Agnes Snively Memorial: The following recommendations from the committee in reference to the Mary Agnes Snively Memorial medal were accepted by the Executive: (1) It is requested that the medal be worn at general meetings and special functions of the International Council of Nurses and of the Canadian Nurses Association, and at similar professional meetings in other countries. (2) It may be worn at general meetings and social functions of the Provincial Registered Nurses Associations.

The first presentation of medals will be made in 1936, at the next General Meeting of the Canadian Nurses Association. Three medals will be awarded biennially to nurses whose work exemplifies Miss Snively's ideals of nursing and service.

Florence Nightingale Memorial: Early in 1935, the Canadian Nurses Association was advised by the secretary of the Florence Nightingale International Foundation that in order to be a full member of the Foundation, Canada must have a National Joint Committee of the Canadian Nurses Association and the Canadian Red Cross Society. During the biennial period 1932-34, the latter organization had expressed to the C.N.A. Executive that due to the very heavy financial commitments of depression years it was impossible for the Society to give financial assistance to the Florence Nightingale Memorial although the project had their hearty approval. In view of the ruling of the Foundation, the Canadian Red Cross Society has appointed two representatives to the Florence Nightingale Memorial Committee; these representatives are Lady Drummond and Col. Buckley of Montreal.

A number of regulations in connection with the awarding in 1936 of the Florence Nightingale Memorial Scholarship were approved. A request from a Provincial Association asked that a pamphlet be prepared giving, in condensed form, information relative to the Florence Nightingale Memorial Foundation and the Canadian Nurses Association Scholarship. The opinion is that such a pamphlet would be valuable in disseminating information and increasing interest in the Memorial and thus facilitate the appeal for the Fund. This pamphlet is to be prepared at the National Office and is to receive the approval of the convener of the Florence Nightingale Memorial Committee before being published.

Legislation: A Committee on Legislation, convened by Miss Jean Browne, has been appointed to review the entire Constitution and By-laws of the Canadian Nurses Association for the purpose of revision as necessary.

Reports from Sections

Nursing Education: The report of the chairman stated that the analysis stage of the curriculum has been completed. The formulation of the curriculum through the use of selected materials submitted is the task now facing the committee. Miss Dorothy Percy, School of Nursing, University of Toronto, will act as convener of the Committee on Instruction during the absence of Miss Gladys Sharpe, who was awarded the Canadian Nurses Association Scholarship for 1935-36, and is now attending the courses organized under the auspices of the Nightingale Memorial Foundation.

Public Health: The chairman reported that Miss Margaret Kerr, vice-chairman of the section, had been appointed convener of a committee to prepare a Manual for Public Health Nurses. The committee consists of the convener and the chairmen of the provincial public health nursing sections.

Private Duty: The report of the chairman stated that according to replies received from the provincial sections, study groups had been formed in various centres. Progress was evident in the eight-hour day for private duty nurses.

Resolutions

1. *From the Registered Nurses Association of British Columbia*:

> Be it resolved, that the Registered Nurses Association of British Columbia in convention assembled urge upon the Canadian Nurses Association the immediate necessity of approaching the International Council of Nurses and through them the women of the world, calling upon them to unite to prevent war by every means in their power.

The Executive Committee accepted this resolution and then adopted the following resolution which was forwarded for presentation to a meeting of the Board of Directors of the International Council of Nurses held in Geneva in July:

> Resolved, that the Canadian Nurses Association stress to the International Council of Nurses, and through the latter, the women of the world, the urgent need of their united effort to sponsor and to support measures for the promotion of world peace and control of armaments.

2. *From the Manitoba Association of Registered Nurses*:

> That in order to emphasize the functions of Schools of Nursing as such, the Board of the Manitoba Association of Registered Nurses recommends that this title be substituted for that of Training School and the words "nursing education" for "training" — and that the Canadian Nurses Association be asked to endorse this resolution and to forward it to the Provincial Associations.

This resolution was endorsed and forwarded to the Provincial Associations.

3. *From the Saskatchewan Registered Nurses Association*:

> That the Saskatchewan Registered Nurses Association go on record as having approved the following recommendations submitted at its 1935 annual meeting in connection with an address by Dr. E. E. Shepley on "The Relation of the Graduate Nurse to the Problem of Malignancy":
>
> 1. That all local registered nurses associations in the Province of Saskatchewan sponsor a course of study dealing with the question of malignancy in relation to the work of the graduate nurse.
> 2. That all nursing schools in the Province of Saskatchewan place special emphasis on the preventive aspect of cancer.
> 3. That the Saskatchewan Registered Nurses Association notify the Canadian Nurses Association of its action in this matter and urge that similar action be initiated by other provinces.

These recommendations were accepted and sent to the Provincial Associations.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

Winnipeg General Hospital: Among the graduates of the school who were recipients of medals in honour of the Silver Jubilee were: Misses A. Attrill, P. Brownell, R. Dickie, E. Gilroy, R. Hamilton, G. Hall, J. Houston, J. Kerr, M. C. McGilivray, J. A. McDonald, K. McLearn, E. Parker, E. Russell, I. Johnson, G. Johnson and J. Robertson. At a recent meeting of the Alumnae Association deep regret was expressed concerning the recent resignation of Miss K. W. Ellis, former superintendent of nurses. Sincere appreciation was evidenced of the co-operation and interest shown by her in our Association, and of all she did, not only for the Alumnae Association, but in all the activities carried on by the various branches of the Association; our very best wishes will go with Miss Ellis in all her future endeavours.

NEW BRUNSWICK

Saint John: Miss Catherine Mullen has accepted a position on the hospital staff of the Chili Exploration Company at Chuquicamata and expects to be away for three years. Miss Joan Ross has returned from New York, where she took a postgraduate course at the Manhattan Hospital for eye, ear, nose and throat. A surprise "shower" was tendered recently by her classmates to Marjorie Titus in honour of her approaching marriage.

Married: On June 20, 1935, Miss Jean I. Aiken (Saint John General Hospital, 1929) to Dr. A. L. Donovan.

Married: On June 5, 1935, Miss Dorothy I. Crockett (Saint John General Hospital, 1930) to Mr. Andrew M. Blair.

Woodstock: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was recently held when the election of officers for the coming year resulted as follows: President, Mrs. Frank Hanson; vice-president, Miss Lucy Ward; secretary-treasurer; Miss Pauline Palmer; members of executive: Mrs. Fulton, Mrs. Wendall Slipp, Mrs. Bruce Sutton, Miss Jennie Belyea; visiting committee, Mrs. Allan Wart; programme committee, Mrs. Wendall Slipp, Mrs. Lawrence Jones, Mrs. Harold Hanson; press representative, Miss Marjorie Samphier. The annual report and financial statement were presented and the meeting adjourned for the summer months.

NOVA SCOTIA

Glace Bay: Among the nurses who were awarded Jubilee medals were Miss M. MacMillan, superintendent, General Hospital, Glace Bay, and Miss E. Seaman, superintendent, Victorian Order of Nurses, Glace Bay.

Glace Bay: Ten nurses received their diplomas from St. Joseph's School of Nursing at the commencement exercises, which took place recently. The speakers were the Rev. Miles Tompkins, who gave the address to the graduates, and Judge McArthur, who addressed the public. Pleasing musical numbers were given.

Halifax: On June 24 a meeting was held by the Halifax Branch of the R.N.A.N.S., at the Dalhousie Public Health Clinic, for the purpose of discussing the problems of the private duty nurse. The meeting was well attended, and the interest displayed was keen. Miss V. I. Winslow, president of the branch, presided.

Married: On June 27, Miss Mary Beatrice Ross (V.G.H, 1933) to Dr. Charles Elmer Stuart.

Married: Recently, Miss Nellie Hook (V.G.H.) to Dr. Angus MacDonald.

Dartmouth: The graduation exercises of the Nova Scotia Hospital, Dartmouth, were held recently; there were eleven graduates, of whom four were male nurses. An enjoyable dance was held when the guests numbered about four hundred.

New Glasgow: Dr. F. R. Davis, Provincial Minister of Health, and Dr. H. B. Whitman, president of the medical staff, were the speakers at the recent graduation exercises of the School of Nursing of the Aberdeen Hospital. Miss Christine Haggart received the Sinclair gold medal for the highest aggregate, and delivered the valedictory address; Miss Mildred MacDonald came second, and received a prize from Miss Boa, the hospital superintendent.

Antigonish: Miss Jean Simpson, of Antigonish, has been appointed to the permanent staff of the Halifax Children's Hospital, as X-ray technician.

Yarmouth: Mrs. Nellie Lees, of Annapolis Royal, has been appointed superintendent of Yarmouth Hospital.

Married: On June 17, 1935, Miss Marcia Monk, formerly superintendent of Yarmouth Hospital, to Mr. Eric Hollingum.

ONTARIO

District 1

St. Thomas: The quarterly meeting of the Registered Nurses Association of Ontario was held recently in St. Thomas. Miss Mildred Walker presided, and it was decided to hold a refresher course in the fall at the Public

Institute of Public Health
Faculty of Publi Health of the
University of Western Ontario

Institute of Health in London, this to conclude in the fall meeting. A publicity committee is being formed by the province and those selected from this district to serve on it are Miss Margaret McLaughlin of London, Miss Blewett of St. Thomas, and Miss Grace Cooper of Windsor. Dr. J. W. Snell spoke on undulant fever, and Miss Hazel Mann, of Manila, where she is superintendent of nurses, gave an interesting talk on medicine and nursing in the Philippines, and pictures were shown illustrating the various phases of the work. The Memorial Hospital Alumnae Association entertained the members at tea and Miss Jewell and Miss Armstrong were in charge of the arrangements.

LONDON: The nursing staff of the Ontario Hospital recently presented Miss Mary Hewson with a silver tea service; she is leaving the staff to be married. Mrs. Gertrude Gibson has been appointed as supervisor of the Junior Nurses Residence of the Ontario Hospital; she is a graduate of the Victoria Hospital, London. Mrs. Elizabeth Kitchen was presented with a travelling case by the nursing staff upon her retirement; she was formerly supervisor of the Junior Nurses Residence and has been attached to the staff of the Ontario Hospital for thirty-five years.

DISTRICT 5

TORONTO: The Women's College Hospital. The graduating class of 1935 were entertained recently at a dinner given in their honour by the Alumnae Association. Among those present were Miss Meiklejohn, Mrs. Bowman, Miss Ament, who is home on furlough from India, and Mrs. Mellish from Africa. Miss Holden (1931) from India, is taking the administration course at Bedford College, London; Miss Hart (1934) has completed her course at the University of Toronto School of Nursing and is with the V.O.N. at Kitchener. Miss Koch (1934) has completed her postgraduate course at the Hospital for Sick Children. Miss Mullen (1926) of Cold Lake, and Miss Finnemore (1928) of Atikokan were awarded the King's Jubilee medal. Miss Eleanor Clark (1924) is taking the place for one year of Miss Gladys Sharpe at the Toronto Western Hospital School of Nursing as science instructor.

DISTRICT 6

BELLEVILLE: Among the members of the Alumnae Association of the Belleville General Hospital, receiving the King's Jubilee Medals were: Miss Florence McIndoo, superintendent of the General Hospital and honorary president of the Alumnae Association; Miss Bessie Sontan, Victorian Order of Nurses, Belleville. Miss Florence Fitzgerald of the School for the deaf, was also awarded this distinction. The Belleville General Hospital entertained recently at a dinner in honour of the 1935 graduating class. Receiving with the president, Miss Edith .Wright, were Miss Florence McAdoo, and Miss Florence Fitzgerald who introduced the speaker, Miss Elizabeth Earsham.

PETERBOROUGH: Nurses receiving the King's Jubilee Medals were: Mrs. E. M. Leeson, superintendent of the Nicholls Hospital; Miss Helen M. Anderson, public health nurse; Mother St. Joseph, Mother Superior of St. Joseph's Hospital.

DISTRICT 7

BROCKVILLE: A very fine Bausch and Lomb Balopticon lantern, the gift of the Alumnae Association of the School of Nursing of the Brockville General Hospital, has been added to the equipment in the class rooms of the Comstock Memorial Nurses residence. Not only will this much appreciated gift be an invaluable aid in the teaching of the various subjects in the curriculum, but it will also be used to illustrate travel talks and to help develop the cultural side of the school of nursing activities.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: The dinner given for this year's graduating class of the Ottawa Civic Hospital was a delightful event, combining as it did the celebrating of the tenth anniversary of the first graduating exercises, and the honouring of Miss Emily Maxwell, in her recent decoration. The guests were received by Miss Gertrude Bennett, lady superintendent, and Miss Dorothy Moxley, president of the Alumnae Association. The toast to the King was proposed by Miss Ethel Webb and that to the guests by Miss Gertrude Bennett, and responded to by Miss Louise Mawhinney, president of the graduating class. A resume of the 1925 class was read by Miss Pearl Farmer, and the prophecy of the class of 1935 by Miss Winnifred Gemmell. Among the guests were Miss Mabel Stewart, lady superintendent of the Royal Ottawa Sanatorium; Miss Jean Blyth, president of the Lady Stanley Alumnae Association; Miss Mina MacLaren, president of St. Luke's Alumnae Association; Miss Gertrude Garvin, lady superintendent of the Strathcona Hospital.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The three Schools of Nursing in Prince Edward Island held their graduating exercises in the month of May; sixteen nurses in all were graduated. The Alumnae Associations held their annual dances in honour of the graduates. Jubilee medals have been awarded to nine nurses in Prince Edward Island: Rev. Sister Camillus, Rev.

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Married: In May, 1935, Miss Millicent Mutch (P.E.I. Hospital, 1928) to Mr. Richard Anderson.

QUEBEC

Montreal General Hospital: On June 19, the graduation exercises took place when forty-two nurses received their medals and diplomas. Dr. G. E. Hodge gave the address to the class. The following evening a dance was given for the class by the Board of Management. On June 18th, the members of the graduating class of 1935 were entertained at dinner by the Alumnae Association. Miss Ethel Johns, editor of *The Canadian Nurse*, was the guest speaker. Everyone thoroughly enjoyed themselves and all voted it to be one of the most successful dinners given for the graduating class. A scholarship of three hundred dollars for a year's work in the School for Graduate Nurses, McGill University, and given by the Alumnae Association, has been awarded to Miss Carol Michaels, a member of the class of 1932. Miss Mary Hamilton (1932) has recently joined the staff at the Central Division and is working in the children's ward, replacing Miss Janet Dougall, who is now Miss Margaret Lawrence's assistant at the Montreal Foundling and Baby Hospital. Miss Helena C. McCuaig (1923) has been appointed to the position of night supervisor at the Montreal Foundling and Baby Hospital. Members of the class of 1918 will be interested to hear that Miss E. Lilian Robins is in charge of the Evelyn Nursing Home, Cambridge, Eng.

Married: On June 20, 1935, Miss Conradine P. Fitz-Gerald (M.G.H., 1933) to Dr. Morley A. McKelvey.

Married: On June 8, 1935, Miss Velma Gertrude Graham (M.G.H., 1931) to Dr. Felix Miles Wallingford.

Married: On July 6, 1935, Miss Madeleine Moses (M.G.H., 1930) to Mr. Herbert H. Warren.

Married: On June 27, 1935, Miss Mary Isabel Peters (M.G.H., 1919) to Mr. Frederick R. Fraser.

Married: Recently, Miss Grace Pounden (M.G.H., 1931) to Mr. H. K. Johnson.

Married: On June 26, 1935, Miss Carol Graham Ross (M.G.H., 1935) to Dr. G. Paterson Smyth.

Married: On June 15, 1935, Miss Dorothy

Shepherd (M.G.H., 1928) to Mr. Stanley Saxton.

SASKATCHEWAN

REGINA: Regina nurses who received the Silver Jubilee medal include the following: Misses A. Lawrie, R. M. Simpson, C. I. Stewart, J. Mackenzie, E. Thomas, M. MacRae, L. Lynch, N. Armstrong. At a meeting of the Regina Branch of the Saskatchewan Registered Nurses Association held recently, the following officers were elected for 1935-36: President, Miss M. MacRae; first vice-president, Miss H. Wills; second vice-president, Miss N. Eddy; treasurer, Miss F. Linton; secretary, Mrs. J. Lynch; registry committee, Miss I. Prior; membership committee, Miss Barbour; visiting committee, Misses Westhauer and Garies. Mrs. E. M. Feeny, who has been engaged in public health work in Saskatchewan for the past twenty years, retired on superannuation recently. She has sailed for Europe on an extended holiday. Miss Alberta Creasor, who has been in charge of Victorian Order work in Regina for the past four years, has been transferred to Victoria, B.C. Before taking over her new duties she is attending a Mothercraft Course in New York.

SASKATOON: Mrs. J. W. Pooke (M. Ruthven, S.C.H., 1930) of Edmonton, Alta., has been holidaying in Saskatoon.

PRINCE ALBERT: The following nurses were awarded the Jubilee medal: Miss Mary Montgomery, superintendent of nurses, Prince Albert Sanitorium; Mrs. Jean S. Harry (née Cowie), superintendent of nurses, Victoria Hospital, Prince Albert; Rev. Sister Benedicta, Sister Superior, Holy Family Hospital, Prince Albert; Miss Ruth Morrison, public health nurse, Prince Albert.

SASKATOON CITY HOSPITAL: Miss Marion Bie (S.C.H., 1933) has been awarded the Flora Madeline Shaw Memorial Scholarship. Miss G. E. Smith (S.C.H., 1932) and Miss L. Harris (S.C.H., 1931) have accepted positions on the nursing staff of the Mental Hospital in North Battleford. Miss Edna Andrews (S. S.C., 1931) is taking a postgraduate course at the Royal Victoria Hospital, Montreal.

MARRIED: On June 29, 1935, Miss Ada Olive Dowler (S.C.H., 1932) to Mr. Frederick Bruce St. Leger Gordon.

MARRIED: On June 28, 1935, Miss Edith Lenore Franke (S.C.H., 1929) to Mr. Leonard Murray Stevenson.

MARRIED: On May 21, 1935, Miss Frances Ham (S.C.H., 1934) to the Rev. George Goodreid.

MARRIED: On June 30, 1935, Miss Beatrice Gregory Sanderson (S.C.H., 1934) to Mr. Clifford Ernest Morley.

OBITUARY

D'ENTREMONT — Miss Marie Geraldine d'Entremont, a graduate of the 1934 class of the School of Nursing of l'Hôtel Dieu de l'Assomption, Moncton, N.B., died suddenly in June, at the early age of twenty-two years.

IRONSIDE—The death occurred recently of Ethel Margaret Ironside, a graduate of the School of Nursing of the Winnipeg General Hospital and since 1919 a member of the social service staff of the Winnipeg General Hospital. Her professional associates and her other friends feel that in her passing there has been lost one whose whole life exemplified the real spirit of public health nursing. Taken in the meridian of her life and work her example will be an inspiration towards patient and kindly service to those in need. Her sweetness of spirit will long be remembered.

ROSS—On June 1, 1935, at Ninette Sanitorium, Miss Margaret Francis Ross, of Morris, Manitoba. Miss Ross was a graduate of the School of Nursing of the Winnipeg General Hospital and was a member of the class of 1930.

WEST—On June 5, 1935, at the Winnipeg General Hospital, Miss Margaret West, of Benito, Manitoba. Miss West was a graduate of the School of Nursing of the Winnipeg General Hospital and was a member of the class of 1931.

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We got quite a thrill . . . out of the National Conference on Social Work . . . and our more serious reflections . . . will be found . . . as they say in the British House of Commons . . . "in another place" . . . Here we would like to set down . . . a few random jottings . . . off the official record . . . On the whole . . . we thought Canada . . . including Montreal . . . did the thing in style . . . The Grenadiers' Band . . . clad in magnificent scarlet uniforms . . . discoursed stirring military airs . . . The approach of the Lieutenant-Governor . . . of the Province of Québec . . . was heralded by a guard of honour . . . composed of a detachment of the Royal Canadian Northwest Mounted Police . . . complete with rifles . . . and commanded by an officer armed with a flashing sword . . . We swelled with pride . . . After all, it does take the British . . . (not to mention the French) . . . to rise to occasions such as these . . . with the right touch of aristocratic nonchalance . . . His Honour the Mayor of the City of Montreal . . . got a tremendous hand . . . when he rose to welcome the visitors . . . There was quite a buzz of . . . "Who is he?" from our American neighbours . . . who always recognize a live wire . . . the minute they set eyes on one . . . Our femininist ego was both soothed and stimulated . . . by Madam Secretary for Labour . . . Here is a woman . . . (a social worker, too) who by sheer courage and ability . . . has fitted herself to take an important share . . . in governing one of the great nations of the world . . . yet she is quite simple and unassuming . . . and takes it gracefully in her stride . . . One refreshing feature . . . of the whole Conference . . . was that none of the men speakers . . . made condescending references . . . to the extraordinary fact . . . that certain persons doing important work are women . . . It seemed to be taken quite for granted . . . as indeed it should be . . . It was amusing to watch the relatively few men . . . almost swamped in a sea of femininity . . . assuming a protective mask . . . of dignified reserve and masculine superiority . . . the earnest smoking of bull-dog pipes seemed to help considerably . . . We shall now proceed . . . to make ourselves thoroughly disagreeable . . . by complaining of the presence . . . of a few crumpled rose-leaves . . . First there ought to be a law about microphones . . . either they ought to work . . . or else the person responsible for installing them . . . ought to be loaded with chains . . . put under a "dead" spot . . . and made to prepare a sprightly account of the proceedings . . . of which he has not been able to hear a single word . . . If he prefers to be quietly shot at dawn . . . we shall offer no objection . . . Then there ought to be another law . . . about crowding two or more important addresses . . . into a single programme . . . There is a limit to the length of time . . . one can sit without fidgetting . . . on the sort of seats . . . found in arenas and skating rinks . . . The persons who usually frequent these places of amusement . . . can relieve themselves occasionally . . . by jumping up and down . . . and demanding the blood of the referee . . . a type of emotional release . . . so anti-social as to be forbidden . . . to polite audiences . . . Nevertheless, something should be done . . . to avoid the discourteous rush to the nearest exit . . . which drowned out . . . the opening paragraphs . . . of some very fine addresses . . .

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1. Tripoli, McCord & Beard, J.A.M.A., Nov. 23, 1934

2. W. M. Boothby, Arch. Int. Med. 53, 39-45

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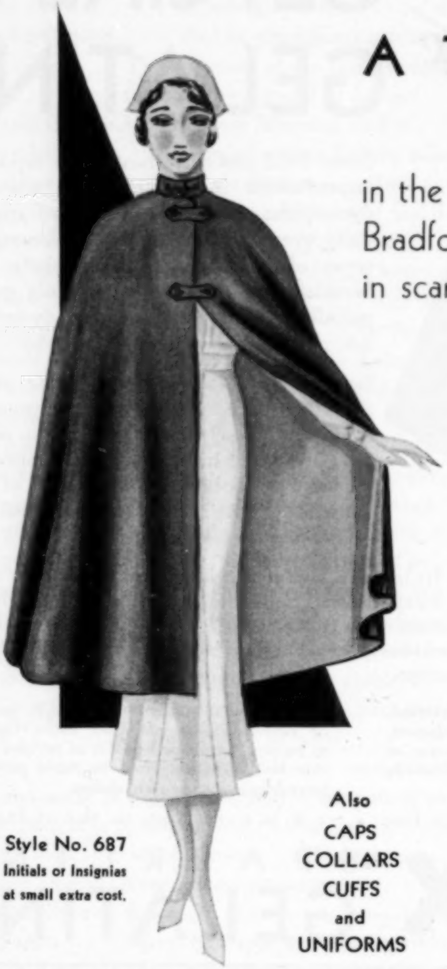

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